The Hampden Hippocrat June 1972

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A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

FROM JAMES F. McDONOUGH, M.D.
PRESIDENT, MASS. MEDICAL SOCIETY

At the onset of each new year in our Society the incoming President can forsee new problems and opportunities that did not exist at the corresponding time one year before.

No one could be so blind to the facts to think that we will not have some kind of national health insurance in the near future. We already know that with this, there will be government surveillance in the form of P.S.R.O. which has been spelled out in great detail in the Bennett Amendment. These facts we must accept. To what degree these programs will reach into our lives no one knows, but we can be certain that its extent will always increase.

From the experience of other areas, we feel in this Commonwealth that the *foundation* route is the best mechanism for us to prepare in anticipation of these future programs.

An historic milestone was passed on May 24, 1972 when the MMS Council accepted the concept laid down in the By-laws of the Commonwealth Institute of Medicine, and then subsequently passed a resolution to loan this organization $100,000.00 as a starting up fund. It is my hope that during this year we can leave this organization so set up and functioning that it can direct other *foundations* in the Commonwealth to offer some unanimity and uniformity in the surveillance of medical care. With this instrument, we can keep as the prerogative of physicians that function that truly belongs to the medical profession and not to lay people. This organization will not deliver medical care, but will carry out that surveillance that we know is certain to come. I would hope that we can thus show the government and the public at large, that we, as physicians, are in the position to guarantee good medical care at a reasonable cost. At the onset this may refer only to institutional care, but the mechanism is there to extend this function to all medical care. If the ultimate end of this program can be brought to function, I can forsee the reputation of the medical profession returned to its former greatness despite the present attacks from within and without the profession.

The second area that I think is vital to our Society is to play an important role in maintaining the high level of quality in medical education. We all know the benefits of

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the Flexner Report 60 years ago. We must not succumb to the threat of "crisis" and contribute to any action that will increase quantity of medical personnel at the sacrifice of quality. I can forsee this in many of the proposals of non-medically trained educators and legislators.

Finally, I would like to see our membership in the AMA increase to the point that we would be entitled to another delegate. If each member of the Society would attempt to convince some person that he knows who is not a member of the AMA to join the AMA, our strength would be forcefully increased. One of the strongest arguments for the AMA is for the skeptic to attend an AMA convention or to go to Chicago and visit the headquarters.

I know that the officers and committeemen will work arduously this year and I sincerely hope that at this time next year, the Institute of Medicine is a valuable functioning instrument of our Society and our reputation is enhanced thereby in the eyes of the public and government.

To carry out these proposals, the action of headquarters and officers is essential, but they will fail without the cooperative work of the "grass-roots" where the real strength is found.

James F. McDonough, M.D.

MARK YOUR CALENDAR NOW!

HDMS Meeting, September 26
HDMS Executive Committee Meetings, September 20 and October 17
HDMS Golf Day, Twin Hills Country Club, Longmeadow, July 19
MMS Council Meeting, Boston, October 4
Society of Nuclear Medicine, Boston, July 11-14
International Congress of Internal Medicine, XII Biennial, (Sponsored by International Society of Internal Medicine in cooperation with American College of Physicians), Boston, September 5-9
American Academy of Family Physicians, New York, September 23-28
American Society of Anesthesiologists, Boston, September 30-October 4
AMA, Clinical Meeting, Cincinnati, November 26-29

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MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the MMS Council was held in Boston on May 24, 1972. Representing the HDMS were the following Councilors: Drs. James D. Allan, Augustino G. Asinas, John C. Ayres, John J. Bandeian, Gardner Cox, II, Louis F. Derose, Donald R. Hayes, Garry DeN. Hough, III, Allen S. Johnson, Joseph R. Kelly, Robert N. LaMarche, Paul T. Moore, and Bruce B. Stoler. The meeting was called to order by President H. Thomas Ballantine, Jr., at 10:15 A.M. and the minutes of the preceding meeting, February 9, 1972, were accepted as published.

Opening ceremonies consisted of a presentation by Mrs. P. Stefan Kraus on the activities of the WAMMS during the past year. She spoke of the continuing efforts of the Auxiliary in fields of health careers and health education. Moreover, she stressed the new program undertaken in the field of nutrition. A nutrition course consisting of eight seminars was offered to physicians' wives during the year. This was well attended and had such "spin-offs" as many of the participants entering into local community nutritional programs. This endeavor is going to be cited by the WAAMA and will play an important part in the latter's regional "Quality of Life" conferences.

Before engaging in the business of the day, President Ballantine clearly defined the terms of *accepted* and *received* insofar as committee reports are concerned. When a report is *accepted*, this means that same is approved and supported. When a report is *received*, it does not mean that same is necessarily approved and supported but merely that information has been received.

The Treasurer's Report, which was received, again manifested a deficit of $10,400 after reserves for 1971 despite an increase of dues from $35 to $60. Expenses for 1971 were about $97,000 higher than for 1970. The greater portion of the increase in expenditures was attributed to higher legal fees (preparation of suits and testimony before the Mass. Rate Setting Commission; legal assistance in preparing a new participating physician's agreement for Blue Shield; developing a qualified pension plan for the employees), larger contributions to the Boston Medical Library and the Postgraduate Medical Institute, and increased expenditures for the Committee on Public Relations.

The Committee on National and State Legislation's report stimulated considerable discussion particularly in regard to the bill H. 4999, whose purpose is "to facilitate an increase in medical manpower through the use of physician's assistants". This bill would set up a Board of Certification of Physician's Assistants in the Mass. Dept. of Public Health, which would certify education programs and maintain a record of physician's assistants currently employed by each and every health care facility along with each physician assistant's education and qualifications. Considerable concern was expressed by many speakers relative to the potential loss of control by physicians over these new paraprofessionals should a certifying board be established with a minimal representation of physicians thereon. During the discussion, it was brought out that all matters pertaining to physician's assistants are to be referred to a special study commission by the General Court of Mass. After all was said, the Council voted to table the matter. A supplementary report was issued to the effect that a bill has been passed granting "immunity" to medical committees acting in good faith in the performance of "peer review" activities.

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IN EDEMA*—IN HYPERTENSION*

the AMA as presented by the Committee on Nominations was voted in. Question again was raised about non-members of the AMA voting for delegates (20% of Councilors are not AMA members). The AMA has no policy in regard thereto, and the MMS merely follows its traditional practice.

The Committee on Publications reported that the *New England Journal of Medicine* sustained a deficit of over $300,000 in 1971 despite increases in subscription and advertising income. A $143,000 dollar expenditure, which accounted for a major portion of the deficit, consisted of replacement of obsolete equipment in the circulation and fulfillment dept. with computerized apparatus. This is a "one time" expense. The remaining $180,000 deficit was attributed to general inflation, increased production costs, and increased circulation costs primarily. Increase in income was thwarted by the price freeze halt on the anticipated rise in advertising rates. Such remedies as increasing advertising rates, increasing subscription rates, using cheaper paper, reducing the number of text pages per issue and the elimination of charging the *Journal* for MMS expenses are being considered.

The Committee on Ethics and Discipline reported to the Council that it considers John H. Knowles, M.D., to have "acted in a manner unworthy of an honorable physician by not abiding by Section IV of the Code of Ethics of the MMS and Section IV of the Principles of Medical Ethics of the AMA". This charge stems from Dr. Knowles' broad derogatory accusations made publicly and reflecting on all physicians, his failure to bring specific charges to appropriate bodies of the MMS, and his failure to meet with the Committee on Ethics and Discipline at his convenience over a period of two months. The Council voted to recommend to the Committee on Ethics and Discipline that Dr. Knowles be censured in accordance with the Society's by-laws and that his resignation be accepted.

The Committee on Medical Education and the Committee on Advanced Clinical Education presented guide-lines for required standards of continuing education for continued membership in the MMS. It is proposed that each member be obliged to complete 150 hours of acceptable education every three years with 100 hours from required programs and 50 hours from elective programs. Under required programs, such options are included as a minimum one-month sabbatical experience, courses approved by the AMA or the PMI, scientific meetings of medical or specialty societies, contributions to medical literature, and teaching. Under elective programs such options are included as local scientific medical meetings, scientific exhibits, individual CME-PMI-MMS-AAFP approved programs, and other meritorious learning experiences. This report was received as informational.

The Committee on Medical Service presented for approval of the Council the proposed by-laws of the Commonwealth Institute of Medicine, Inc. This organization's purpose is to assist and advance the orderly and coordinated development of organizations for the delivery of medical care. Its primary focus is to consist of liaison, exchange of information, storage of information, and development of standard methods throughout the state. The bylaws were adopted unanimously after two minor amendments. Later in the meeting, the

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Council adopted a resolution to expedite the implementation of the organization as well as to make a $100,000 loan available as "seed money" for beginning operations.

The Committee to Recommend Directors to Blue Shield again ran into difficulty with nominations. The names of 3 recently elected Board members (Dr. John C. Ayres, Dr. Louis Alfano, and Mr. Robert C. Silver) were approved. For the upcoming election, besides the slate of incumbent and other Board members, 3 additional names were approved.

The Interspecialty Committee rendered a recommendation that the Council approve in principle the setting of a single conversion factor for use with each section of the 1971 Mass. RVS, that this factor be reviewed annually in relation to the cost of living index, and that the Interspecialty Committee of MMS in consultation with appropriate subspecialty groups and other MMS committees be charged with developing acceptable conversion factors to be approved by the MMS Council. To begin with, the Committee requested that this resolution be sent back because the "single conversion factor" smacked of price fixing and in violation of the Sherman Anti-Trust Act according to the Society's legal counsel's thinking. This request was denied by vote of the Council. After considerable discussion, a principle emerged to the effect that the MMS would be setting a "ceiling" on fees but with certain modifiers attached thereto. With the latter concept in mind, the Council voted to adopt the resolution.

Dr. Robert M. Holland's resolution requesting the Executive Committee of the MMS as the Voting Members of Blue Shield to amend the bylaws of the latter named corporation so that the power of amending the bylaws of Blue Shield be put in the hands of the MMS Council was carried.

Dr. Lupien's resolution that present legislation requiring certificates of need for hospital construction should be extended permanently and should preclude construction unless recommended by thorough community and practitioner-based planning was referred to the Committee on Area Health planning. This latter Committee is fully aware of the potential impact on methods of medical practice in Mass. by this "certificate of need" legislation. It's intent is to have more physician representation and input in any and all agencies to which future legislation might grant decision making powers.

The meeting closed with the new President, Dr. James F. McDonough, expressing the firm hope for a positive and active Commonwealth Medical Institute and for a greater spirit of cooperation and closeness between the MMS and Blue Shield.

Dr. H. Thomas Ballantine, Jr., outgoing President, expressed his gratitude to and admiration of the Council for its assistance and cooperation during his tenure. The meeting adjourned at 4:35 P.M.

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DELEGATES TO THE AMA
(January 1, 1973 - December 31, 1974)
H. THOMAS BALLANTINE, JR., M.D., Suffolk
CLAUDE E. WELCH, M.D., Middlesex South
ALTERNATE DELEGATES TO THE AMA
(January 1, 1973 - December 31, 1974)
KENNETH E. MONROE, M.D., Hampshire
RUSSELL J. ROWELL, M.D., Essex South

HAMPDENITES APPOINTED

The following members of HDMS have been appointed to serve on committees and boards of the MMS for 1972-1973 by President James F. McDonough.

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Lorne C. Smith, M.D.

Public Health
John C. Ayres, M.D.

SPECIAL COMMITTEES

Recommend Directors of Blue Shield
John J. Bandeian, M.D.

Revise Bylaws
Theodore R. Miner, M.D.

Foundations
John J. Bandeian, M.D.

Interspecialty
Walter S. Mozden, M.D.

Maternal Welfare
Kenneth W. Sinish, M.D.

Medicine & Religion
Gary DeN. Hough, III, M.D., (Chairman)
Leroy J. Kendrew, M.D.

Perinatal Welfare
James W. Morgan, M.D.

Tax Supported Medical Care
Bruce B. Stoler, M.D.

Council of New England State Medical Societies
James D. Allan, M.D.

ONE MAN'S OPINION.....

DEMOCRACY AND THE HOUSE OF DELEGATES

"The best cure for Democracy
is – more democracy."
– Al Smith

Basically, organized medicine in the United States is the epitome of democracy in action. Anyone challenging this contention need but familiarize himself with the guidelines governing our parliamentary procedures and deliberations. Better still, he need but attend several meetings of our local, state and national societies.

But, to borrow an old cliche, there is always room for improvement. Only the smug and the complacent would argue to the contrary. One potential area of improvement is our present-day method of electing delegates to the AMA's House of Delegates. Briefly, our current procedure is as follows:

(1) Each of the 21 Districts of the MMS elects one Nominating Councilor. Collectively these councilors comprise the Committee on Nominations of the MMS.

(2) This committee, after meeting one or more times during the year, submits to the Council at its annual meeting a list of nominations, including those of the AMA delegates.

(3) The Council, after due deliberation, elects the delegates from the names submitted either by the Committee on Nominations or from the floor.

This three-stage procedure sounds democratic enough but there are those who believe that it could be "democratized" even further. They are of the opinion that all our important officers, and especially the AMA delegates, should be elected not by the

Ernest A. Byron, Jr.

* * * * * *

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Council but directly by the "grass-root" membership. One suggestion is the ballot-by-mail system of the type employed by the alumni associations of many of our universities. Another suggestion is the procedure used in the State of Florida, as one example. There, each county society elects by direct, closed ballot all the officers, including, of course, the AMA delegates.

A change to a more democratic process may or may not improve the quality of our delegates to the AMA. To date all have been men of top notch caliber, men who unstintingly and selflessly have rendered yeoman service to our profession. But this is beside the point. The important questions are: Will such a change succeed in endowing our membership with a greater sense of personal participation in the election of these all-important officers? Will it serve to dissipate all suspicion of inbreeding and self-perpetuation? Finally, will it prove helpful in establishing the House of Delegates as a more truly representative body of all the members of organized medicine?

UP TO STATE SOCIETIES

The importance of the House of Delegates becomes manifest when we stop to consider that it is the legislative arm of the AMA. In other words, the House of Delegates, in essence, is the AMA. Section 1 of Article VI of the AMA's Constitution and Bylaws reads:

"The House of Delegates shall transact all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and shall elect the general officers."

The AMA prescribes no particular procedure for the designation or election of its Delegates. This is left entirely to the "constituent associations", i.e., the state societies. It follows, therefore, that it is up to each state society to review its electoral structure with a view of determining if further democratization is in order. It is pathetic to note that some state societies even now continue to *appoint* rather than *elect* their AMA delegates.

In our own state society the conversion to a more democratic procedure could be accomplished with the greatest of ease. The Committee on Nominations might draw up a list of candidates willing and able to serve. Their qualifications, needless to say, would have to be described in detail. Lastly, the members of each district society would then be offered an opportunity to exercise their voting franchise in a more valid, meaningful, and democratic fashion.

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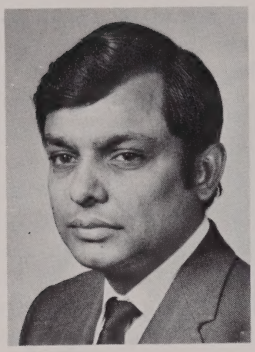
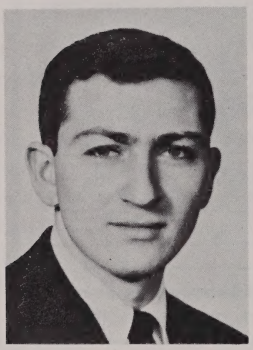
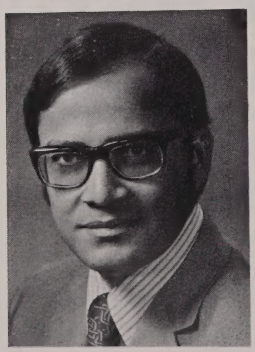


Dhiroobhai Chhotubhai Desai, M.D. – Community Health Center, Wright Street, Palmer, Massachusetts. Born: September 25, 1936; Johannesburg, South Africa. Medical School: Seth G. S. Medical College, Bombay, India, 1961. Internship: King Edward Memorial Hospital, Bombay, India, 1961-1962. Residency: Montefiore Hospital, Pittsburgh, Pa., 1963-1964; Lahey Clinic, Boston, Mass., 1964; New England Deaconess Hospital, Boston, Mass., 1965-1966; St. Elizabeth Hospital, Brighton, Mass., 1966-1968; Lahey Clinic, Boston, Mass., 1970-1971. Specialty: Internal Medicine.



Harvey Maxwell Grant, M.D. – 130 Maple Street, Springfield, Massachusetts. Born: March 5, 1934; Springfield, Mass. Medical School: University of Vermont College of Medicine, 1962. Internship: University of California Medical Center, San Francisco, 1962-1963. Residency: University of California Medical Center, 1963-1964; Mt. Sinai Hospital School of Medicine, N.Y., 1964-1967. Specialty: Orthopedic Surgery.



Sunil Ranjan Lahiri, M.D. – Wesson Memorial Hospital, 140 High Street, Springfield, Massachusetts. Born: January 1, 1934; New Delhi, India. Medical School: Nilratan Sircar Medical College of Calcutta University, 1960. Residency: Beekman Downtown Hospital, New York, 1964-1965; Pondville Hospital, Walpole, Mass., 1965-1967; Assistant in Medicine 1967-1970 Peter Bent Brigham Hospital, Boston, Mass; Research Associate Children's Cancer Research Foundation, Boston, Mass. Specialty: Internal Medicine (Oncology-Hematology)

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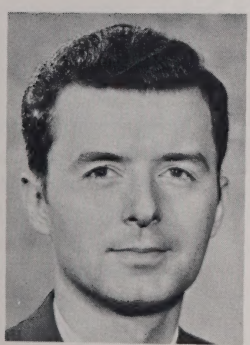
George Edward Reynolds, M.D. – 90 Court Street, Westfield, Massachusetts. Born: January 16, 1945; Jamaica, N.Y. Medical School: New Jersey College of Medicine, 1970. Internship: Beth Israel Hospital, Newark, New Jersey, 1970-1971. Specialty: Family Medicine

Alicia O. Mendez Ross, M.D. – 575 Beech Street (Holyoke Hospital), Holyoke, Massachusetts. Born: November 14, 1940; Philippines. Medical School: Manila Central University, Philippines, 1958-1963. Internship: Memorial Hospital, Albany, New York, 1964-1965. Residency: V.A. Hospital, Fort Howard, Md., 1965-1966; St. Peter's Hospital, Albany, New York, 1967-1968; St. Mary's Hospital, Waterbury, Conn., 1968-1969; Springfield Hospital Medical Center, 1969-1971. Specialty: Hematology.



Philip B. Stoddard, M.D. – 78 Maple Street, Springfield, Massachusetts. Born: July 13, 1936; Batavia, N.Y. Medical School: University of Rochester School of Medicine, Rochester, N.Y. Internship: Strong Memorial Hospital, Rochester, N.Y., 1962-1963. Residency: Strong Memorial Hospital, Rochester, N.Y., 1963-1964, 1966-1967, 1969-1971; Beth Israel Hospital, Boston, Mass., 1967-1969. Specialty: Plastic and Reconstructive Surgery.

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WILLIAM E. HENNESSEY, M.D. . . . . Vice President
THOMAS G. MAGILL, M.D. . . . . Secretary
RAYMOND GELFMAN, M.D. . . . . Treasurer

BOARD OF DIRECTORS

JAMES D. FISHER, M.D.	1973	ALAN S. PECK, M.D.
ELLIS JOFFE, M.D.	1974	JOHN J. FLAHIVE, M.D.
BERNARD N. GILCHRIEST, M.D.	1975	LESTER P. GOLDSMITH, DMD
VICTOR PANITCH, M.D.	1976	PEDRO A. SILVA, M.D.
BERNARD BLOOM, M.D.	1977	JOHN F. GRIFFIN, M.D.

BOARD OF CENSORS

RICHARD J. MAHER, M.D., Chairman 1973
RICHARD K. DOUGLAS, M.D., Secretary 1974
JOSEPH S. ELLISON, D.D.S. 1975
SILVANO MACCHIAROLI, M.D. 1976
JAMES D. ALLAN, M.D. 1977

THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, SEPTEMBER 12, 1972

SPEAKER: BENEDICT J. DUFFY, M.D.
Professor of Preventive Medicine
Tufts University School of Medicine

TOPIC: "NEW DEVELOPMENTS IN MEDICAL CARE"

DINNER: 6:30 P.M.
Storrowton Tavern
West Springfield, Mass.

Reservations must be made by Friday, September 8.
Please, call Mrs. Lund at 734-5445.

President's Page

GRASSROOTS' ACTION

Inasmuch as this is my first month as the President of the HDMS, I again wish to extend my thanks and further extend greetings to the members of the Society, and to all physicians, though they may not be members, to join in with us in our Foundation which has just been passed by the group to facilitate and to permit us to maintain our personal and professional status in the community.

I believe that the Foundation, being a local organization, is probably a far greater incentive for one to maintain his local, professional standing in the community at a higher level than one would be by being in a statewide society. For this reason, I recommend heartily that all members of the medical profession, Osteopathic Society, Dental Society and all members of the entire four western districts join in this particular Foundation which has just been incorporated under the auspices of the Hampden District Medical Society for the preservation of our professional freedoms and for the good of both patients and physicians.

I am personally emphasizing local autonomy as opposed to state. I believe that many of our local problems can be handled by ourselves and without resorting to the state society, whose meetings we are all attending at the moment. I believe that all desires and laws should flow from the local to the general or state society and vice versa.

Two pertinent issues to be considered mainly are the malpractice directive that has come down from the state to local areas which I don't quite agree with, and I think it should be reviewed and revamped in view of the legal profession's desire to maintain the best policy for us as individuals. Also, the matter of the state institute which has been proposed and which should not be giving orders to our local Foundation but rather should be learning from the local Foundations as to how to operate and help other Foundations.

It is with this desire in mind that I think all should be members here first. Then, later, if we find it is to our advantage locally, to then consider working in further conjunction with the Commonwealth Institute of Medicine. I hope that our membership increases by leaps and bounds as much as the grass is growing around that we all have to cut with this new rainfall.

I would like to extend to you my heartfelt desires for a one hundred percent membership in the Foundation for the entire western part of the state to give us a very cohesive and forceful power to maintain our professional standings.

Robert N. LaMarche, M.D.

BY-LAWS

of

HEALTH CARE FOUNDATION OF WESTERN MASSACHUSETTS, INC.
(Concluded)

Section 4. Duties of Officers.

President:

The President shall be the chief executive officer of the Corporation and shall, subject to the control of the Board of Directors, have general supervision, direction, and control of the business and officers of the Corporation. He shall preside at all meetings of the members and at all meetings of the Directors. He shall be ex-officio a member of all the standing committees, including the executive committee, and shall have the general powers and duties of management usually vested in the office of the president of a corporation, and shall have such other powers and duties as may be prescribed by the Board of Directors or by the by-laws.

Vice President:

In the absence or disability of the President, the Vice President shall perform all the duties of the President, and when so acting, shall have all of the powers of, and be subject to all the restrictions upon, the President. The Vice President shall have such other powers and perform such other duties as from time to time may be prescribed for him respectively by the Directors or by these by-laws.

Secretary:

The Secretary, who must be a resident of the Commonwealth of Massachusetts, shall keep, or cause to be kept, a book of minutes at the principal office of the Corporation, or such other place as the Board of Directors may order, of all meetings of the Board of Directors and members, with the time and place of holding, whether special or regular, and if special, how authorized, the notice thereof given, the names of those present at Board meetings, the number of members present at members' meetings, and the proceedings thereof. He shall also keep and maintain the membership roll of the membership of this Corporation, and records of all terminations of memberships in this Corporation.

The Secretary shall keep the seal of the Corporation in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or by these by-laws.

Treasurer:

The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains and losses.

The Treasurer shall deposit all monies and other valuables in the name and to the credit of the Corporation with such depositories as may be designated by the Board of Directors. He shall disburse the

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Write your delegates, call them, see them. If they aren't responsive, tell them they'll be hearing from you at election time.

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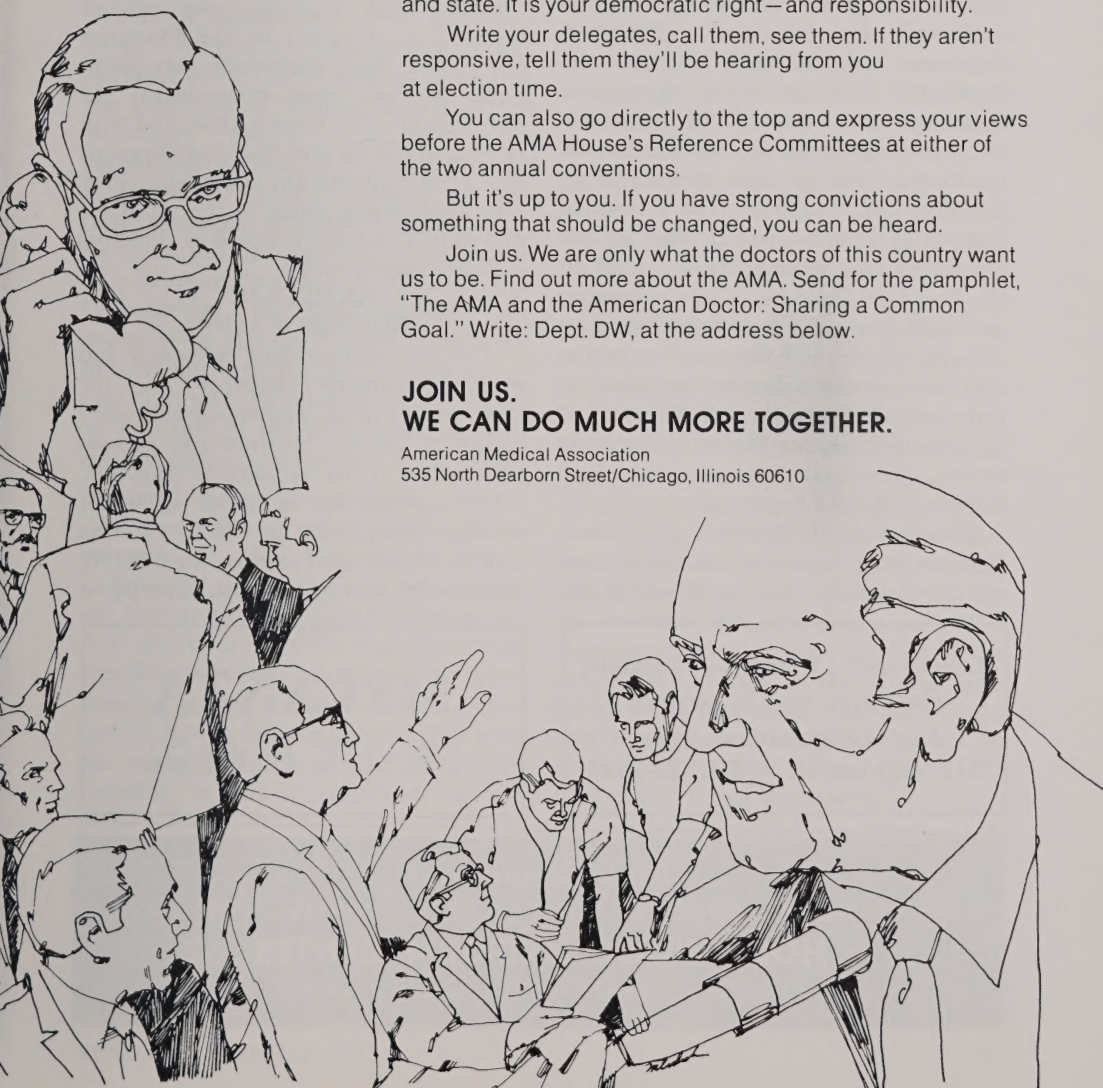

funds of the Corporation as may be ordered by the Board of Directors; shall render to the President and the Board of Directors, whenever they request it, an account of all of his transactions as Treasurer, and of the financial condition of the Corporation; and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or by these by-laws.

Other Officers:

Other subordinate officers appointed by the Board of Directors shall exercise such powers and perform such duties as may be delegated to them by the Board of Directors, from time to time.

ARTICLE VIII

COMMITTEES

Section 1. Executive Committee.

There shall be an Executive Committee which shall include the President, Vice President, Treasurer, Secretary and three Administrative Members, who need not be directors of this Corporation, as may be designated by the Board of Directors. The Executive Committee shall be vested with all the powers of the Board of Directors when the Board of Directors is not in session, provided, however, that such delegation of authority to the Executive Committee shall not operate to relieve the Board of Directors, or any individual Director, of any responsibility imposed upon it or him by law.

Section 2. Other Committees.

The Board of Directors may, from time to time, create other committees and invest therein such powers and duties as it may deem desirable. Each committee shall have as many members therein as the Board of Directors may determine.

The Executive Director shall be a member of the Executive Committee and all other committees created by the Board of Directors.

Section 3. Term of Office,

Vacancies, Rules.

The tenure of the members of any committee shall be at the pleasure of the Board of Directors and the Board of Directors shall have the power at any time to fill vacancies in, change the membership of, or discharge any committee, except the Executive Committee. Notwithstanding the previous sentence, the President, Vice President, Treasurer and Secretary may not be removed as members of the Executive Committee. Each committee may adopt rules for its own government not inconsistent with these by-laws and with rules adopted by the Board of Directors and a majority of any such committee may approve any action as the act of the Committee, unless the Board of Directors shall otherwise provide.

ARTICLE IX

INDEMNIFICATION

The Corporation shall indemnify and maintain liability insurance on, the Directors, Officers, employees and other agents of the Corporation and persons who serve at its request as directors, officers, employees or other agents of another organization in which it has an interest from any expense or liability incurred by him in any such capacity or

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arising out of his status as such. Such indemnification shall be provided although the person to be indemnified is no longer an officer, director, employee or agent of the Corporation. No indemnification shall be provided for any person with respect to any matter as to which he shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his action was in the best interests of the Corporation.

ARTICLE X
DISCIPLINARY ACTION

Section 1. General.

A member who is guilty of a criminal offense or gross misconduct either as a physician, osteopath or dentist or as a citizen, or violates any of the provisions of the Articles of Organization of this Corporation or these by-laws or any of the Principles of Medical Ethics of the American Medical Association, the Massachusetts Medical Society, or the Principles of Ethics adopted by the district medical societies enumerated in section 2 of this Article, or any principles of professional conduct adopted by this Corporation, or who violates the decisions of the peer review committee, or who acts contrary to or in violation of any contracts, agreements or statements of principle of the Corporation shall be liable to censure, suspension or expulsion.

Section 2. Action on Complaint.

A complaint or report made against a member of this Corporation for a violation of the provisons or principles of the Corporation as enumerated in section 1 of the Article shall be made in writing, signed by a patient, guardian of a patient, member of the patient's family, or by any person having financial responsibility for the support of a patient, or by another member of the Corporation, or any public official of Municipal, County, State or United States Government, or by any responsible official of any company providing medical benefits through members of the Corporation, and mailed to the Secretary of the Corporation, postage prepaid, at the principal office of the Corporation.

The Corporation shall have no jurisdiction of a complaint which merely seeks compensation from or criticism of a member for malpractice not constituting unethical or illegal behavior enumerated in section 1 of this Article.

Section 3. Procedure.

The Secretary of the Corporation, upon receipt of the complaint or report shall immediately bring the report or complaint to the attention of the executive committee for this Corporation, who shall then investigate the substance and nature of the alleged violations. If the executive committee determines, by a simple majority vote of those present, that no further action is necessary, their decision shall be final, and no further proceedings shall be taken in regard to the report or complaint in question.

If the majority of the members of the executive committee, present at the hearing, determine in their discretion that further action is required, they shall notify the affected member, by certified mail, return receipt requested, of the complaint or report which has been filed against him and that he is to appear at a hearing, before the executive committee, stating the date, time, place and matters to be discussed and determined. The complainant shall also be notified of the date, time and place of the hearing, such notice to be sent by certified mail, return receipt requested. Notification shall be sent to both parties at least fifteen (15) days in advance of the hearing.

52nd *ANNIVERSARY YEAR*

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Attendance at such hearing shall be limited to the membership of the executive committee, staff of the executive committee, and legal counsel assigned to assist the executive committee, if any; witnesses, if any; the complainant and his legal counsel, if any. Parties, their counsel, Committee members, and staff may call and cross-examine witnesses, introduce evidence reasonably germane to the issues, and enter objections to testimony and material offered as evidence. The executive committee shall not be bound by the rules of evidence usually employed in legal proceedings but may accept any evidence they deem appropriate and pertinent. Should any party to the controversy fail to appear at the hearing, the executive committee may, at its discretion, continue, dismiss or proceed with the hearing. A majority of all members of the executive committee shall constitute a quorum, and any decision may be made by a simple majority vote of those present.

Immediately following the hearing, the executive committee shall determine, in their discretion, what disciplinary action, if any, is appropriate, and shall immediately notify the complainant and the affected member, and their legal counsel, if any, of its decision. Such notification shall be made by certified mail, return receipt requested.

If the affected member is aggrieved by the decision of the executive committee, he shall have the right to appeal the decision to the Board of Directors of the corporation. Notice of such appeal shall be made by certified mail, return receipt requested, addressed to the Secretary of the Corporation, at the principal office of the Corporation. Notification, of appeal, to be effective, must be received by the Secretary within twelve (12) days after notification to the affected member, or his legal counsel, of the executive committee's decision.

The Board of Directors shall, within thirty-five (35) days from the date the Secretary has received notice of the appeal, establish a time and place of the new hearing and notification of such shall be sent to the complainant and the aggrieved member, and their legal counsel, if any. The hearing shall be conducted in the same manner as the hearing before the executive committee. No member of the executive committee may vote or take part in the hearing before the Board of Directors.

Immediately following the hearing, the Board of Directors, by a simple majority vote of those present at the hearing, shall determine what disciplinary action, if any, is appropriate, and shall immediately notify the complainant and the aggrieved member, and their legal counsel, if any, by certified mail, return receipt requested, of its decision. The decision of the Board of Directors shall be final and no further proceedings may be taken by the aggrieved member or the complainant.

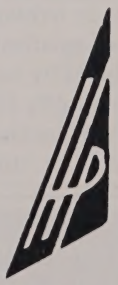
Affected or aggrieved members shall continue in good standing as members in this Corporation, and shall be entitled to all the rights and privileges of a member of this Corporation until the Board of Directors have reached their final decision or until the affected member has acceded to the finding of the executive committee.

ARTICLE XI

EXECUTION OF INSTRUMENTS

Section 1. Execution of Instruments.

The President shall have power to execute on behalf and in the name of the corporation any deed, contract, bond,



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debenture, note or other obligations or evidences of indebtedness, or proxy, or other instrument requiring the signature of an officer of the corporation, except where the signing and execution thereof shall be expressly delegated by the Board of Directors to some other officer or agent of the corporation. Unless so authorized, no officer, agent or employee shall have any power or authority to bind the corporation in any way, to pledge its credit, or to render it liable pecuniarily for any purpose or in any amount.

Section 2. Checks and Drafts.

All checks, drafts, or other orders for payment of money, notes, or other evidences of indebtedness issued in the name of or payable to the corporation shall be signed or endorsed by the Treasurer and such other person or persons, designated by the Board of Directors, from time to time.

Section 3. Gifts.

The Board of Directors may accept on behalf of the corporation any contribution, gift, bequest or devise for the general purposes or for any special purpose of the corporation.

ARTICLE XII

MISCELLANEOUS

Section 1. Books and Records.

The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its members, Board of Directors and committees having any of the authority of the Board of Directors. All books, records and by-laws of the Corporation may be inspected by any member for any proper purpose at any reasonable time.

Section 2. Fiscal Year.

The fiscal year of the Corporation shall end on March 31.

Section 3. Amendment of By-laws.

The Directors of the Corporation may, by a two-thirds (2/3) vote of the Board of Directors voting at a meeting duly called for the purpose, amend the by-laws of the Corporation.

THE TENTH ANNUAL HDMS TOURNAMENT

will take place on

July 19, 1972

at the
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TEE OFF TIME AT 1:30 P.M.

Costs: $17.00 for Dinner, Green Fees, Prizes, etc.

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Harry L. Roberts, M.D., Chairman

ARTICLE XIII
DISPOSITION OF CORPORATE ASSETS

Section 1.

Upon adoption by a vote of two-thirds (2/3) of the total members of the Board of Directors, all, or substantially all, of the property and assets of the Corporation, including its goodwill, may be sold, leased, exchanged, mortgaged, encumbered, or otherwise disposed of upon such terms and conditions and for such consideration, which may be money, shares, bonds, or other instruments for the payment of money, as the Board of Directors, by a two-thirds (2/3) vote shall determine to be expedient.

HEALTH CARE FOUNDATION OF WESTERN MASSACHUSETTS
1414 State Street
Springfield, Massachusetts 01109

APPLICATION FOR MEMBERSHIP

I, the undersigned, do hereby apply for membership in the Health Care Foundation of Western Massachusetts, hereafter referred to as "Health Care Plan."

I recognize and support the purposes of the "Health Care Plan" among which are:
Freedom of choice of physician,
Preservation of the fee-for-service concept,
Maintaining the present patient-doctor relationship and
Improved health care for the community at the lowest possible cost

I understand and fully agree as a condition of my membership in this Corporation that I shall be bound, governed, and agree to comply with all provisions of articles of organization, by-laws, and by any and all rules, regulations, committee recommendations, fee schedules, peer review decisions, initiation fees and dues adopted by this corporation.

I further understand and agree that all records of this Corporation, including, but not limited to, records prepared by any member, servant, agent or employee, shall be considered confidential and the sole property of the Corporation and no member, servant, agent or employee of the Corporation shall, under any circumstances, have the right to obtain these records by subpeona or otherwise for use in any legal proceeding or other matter without the prior written consent of the Board of Directors.

I have read the above conditions of this application and understand these terms.

___ I am a member of the Hampden District Medical Society or
___ I am a member of the _____ District Medical Society, or
___ I am not a member of the Hampden District Medical Society but I am eligible for membership therein.

Date _____ Signed _____

_____
(Please print name)

_____

____Attached is a $100 check in payment of my participating membership fee. Bill me _____

HIGHLIGHTS OF THE MAY EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, May 16, 1972 in the Conference Room of the HDMS.

Present were Drs. Bandeian, Gilchriest, Verrilli, Burke, Turner, LaMarche, McHugh, Moore and Mrs. Purdy.

Dr. Bandeian called the meeting to order at 8:30 P.M.

Dr. Verrilli read the minutes of the April meeting, and they were approved as read.

Dr. LaMarche read the resolution submitted by Suffolk District Medical Society regarding stopping all construction of acute hospital facilities for a period of a year. The Committee voted to support this resolution and so notify both the WMHPC, Inc., and MMS.

Dr. Girotti, Secretary of the Valley District Dental Society wrote complaining about Blue Shield excluding "routine" and "screening" laboratory and X-ray from covered benefits. This letter will be forwarded to Dr. Kelly, Chairman of the Blue Shield Professional Committee.

A letter from the Hampden-Berkshire Tuberculosis and Respiratory Disease Association was considered asking for endorsement by the HDMS of the formation of an Emphysema Club. The Committee endorsed the concept of this club and a letter will be sent to this effect.

The Springfield Newspapers plan to have a Roto Gravure issue of the Springfield Sunday Republican on September 10, 1972 entitled "Today's Health Care". It was voted by the Committee to send this to Dr. Ballantine, President of MMS, and ask for help financially in the publicizing of local health services for HDMS.

Baldwin, Simons and Campbell explained the difficulty that could arise from sending information to the MMS regarding litigation and malpractice suits. Dr. Bandeian has sent a letter to Dr. Gibbs concerning this with a copy of the insurance broker's letter. Another letter will be sent to Dr. Gibbs.

Mr. Atkinson, President of the WMHPC, Inc., answered Dr. Bandeian's letter relative to greater participation of physicians in the WMHPC. Dr. Turner suggested that Dr. Bandeian again read his finished letter to Mr. Atkinson. The Committee congratulated Dr. Bandeian

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on his excellent letter. The Committee felt that Mr. Atkinson's letter answer was very inadequate.

Dr. Bandeian gave a report of the correspondence between Dr. Nickerson, Chairman of the Medical Charges Review Committee and himself, Dr. Stoler and Dr. LaMarche in regard to payment of physician's fees by insurance companies. Another meeting is to be held on Monday, May 22, 1972 and Dr. Bandeian has been invited. Mrs. Purdy was asked to call Dr. O'Malley, chairman for the coming year of the Insurance, Labor Relations and Industrial Accident Committee and invite him to attend the meeting in Boston.

Dr. Stoler was given permission to have two additional members from the Health Insurance Council on the Peer Review Committee. These members will be appointed.

Dr. McDonough, President Elect of the MMS, asked for names to serve on the Professional Liability Insurance Commission, which is to be formed shortly. Dr. Bandeian offered to serve. Other physicians' names presented were Dr. Max Cloud and Dr. James Mahoney.

Senator Brooke's Summer Camp Project report was given by Mrs. Purdy. The physical examinations will be done this year at Westover Air Force Base. Volunteer physicians are needed. The Executive Committee approved of this program for the third year.

It was suggested that the Valley District Dental Society have a representative attend a few of the HDMS Executive Committee meetings. An invitation will be sent to Dr. Girotti, Secretary.

Dr. LaMarche read a letter that the Orthopedic Society of Connecticut had submitted to the legislature of Conn. with a suggestion that Mass. submit similar legislation. This will be sent to the Legislative Committee of MMS.

The meeting was adjourned at 9:50 P.M.

The Grievance Committee heard ten cases. Three cases were referred to the Peer Review Committee.

The meeting was adjourned at 10:45 P.M.

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Insurance

1200 Main Street, Springfield Telephone 733-3131

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MEDICARE FEES

To the Editor:

Under the guidelines issued by the Bureau of Health Insurance (SSA), certain limitations have been set forth for payment under Medicare B for the fiscal year 1973 (July 1, 1972 through June 30, 1973). The essence of the guidelines is that increases in fees to be paid physicians will be limited to 40% of the increases that would otherwise have been granted. This can be better understood when one realizes that under the present regulations, Massachusetts Blue Shield, as fiscal carrier in paying physician's charges, tests them against two charge screens commonly called "Usual" and "Customary". Under these screens, we pay for a service performed by comparing the charge presented by the physician to his usual fee and will pay no more than the physician's customary fee. In cases where the physician's usual fee is above the area customary fee, we will only pay up to the customary fee for that physician and that procedure. The fee that we pay under these guidelines is called by SSA the "Reasonable Fee".

In order to understand the guidelines, one must recognize that, at present, we are paying charges presented under the Medicare B program against usual and customary fees derived from a physician's charging pattern that was developed on 1970 charges. For fiscal year 1973, we will develop usual and customary charges based upon the charging pattern in 1971. The guidelines instruct us to calculate for each physician, for each procedure, the "allowed charge" based upon charges in 1971. Were there no guidelines, we would, for fiscal 1973, pay "reasonable charges" during this period of time. However, we have been instructed to compare the 1970 "reasonable charge" with the 1971 "reasonable charge". Where the 1971 "reasonable charge" is higher than the 1970 "reasonable charge", we have been instructed to pay no more than the 1970 "reasonable charge", plus 40% of the difference between the 1971 "reasonable charge" and the 1970 "reasonable charge". Examples of this instruction may help to clarify the situation.

EXAMPLE NO. 1
Dr. A
Precedure 1234

		1970
*Usual	**Customary	***"Reasonable Charge"
100	125	100

		1971	SSA
Usual	Customary	"Reasonable Charge"	"Reasonable Charge"
125	150	125	100 + 40% (125-100) = 110

EXAMPLE NO. 2
Dr. A
Procedure 1235

		1970
Usual	Customary	"Reasonable Charge"
300	250	250

		1971	SSA
Usual	Customary	"Reasonable Charge"	"Reasonable Charge"
350	300	300	250 + 40% (300-250) = 270

In other words, we can only pay 40% of the increase you would have otherwise received.

We would stress that, at this moment of time, this is the best information available to us. We have various criticisms and problems concerning these regulations and we have so informed SSA. We further understand that other fiscal intermediaries have so informed SSA as has our national association, NABSP. It is possible that we will be given further instructions that modify the situation. Furthermore, we do not believe that these regulations relieve individual physicians from the responsibility of obtaining approval for any increases in fees that increase a physician's aggregate income, assuming no change in "productivity", by more than 2.5%.

We are working to implement these guidelines by July 1, 1972; however, owing to the complex instructions, there may be a slight delay.

RUFUS TITUS
Vice President
Professional Relations
Mass. Blue Shield, Inc.

Editor's Note:

* Usual charge is defined as the physician's usual charge for the said procedure.

** Customary charge is defined as the 70th percentile ceiling on range of charges by physicians for the said procedure.

*** Reasonable charge is defined as the lower of the usual and customary charge for the said procedure.

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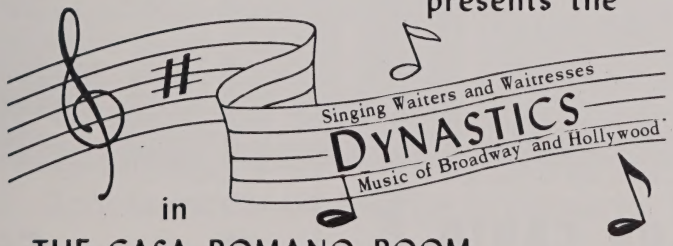

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